



Am Kolel Sanctuary and Renewal Center

19520 Darnestown Road
Beallsville, MD 20839-3308
Web page: www.am-kolel.org

301-349-2799
Fax: 301-349-2744
E-mail: info@am-kolel.org

Dear Member,

I have been very pleased working with the staff at the Garden of Remembrance and have discovered that there is a significant savings in cost compared to other cemeteries in the D.C. area.

In our Am Kolel Pardes, we will permit the burial of our members' non-Jewish spouses. We will also allow for the burial of cremains of family members. In choosing a monument or plaque, we opted for granite markers as opposed to bronze. Granite is less expensive and will help maintain the aesthetic continuity of our Pardes.

Please use the included form to reserve your plot(s). This form should be returned to the Am Kolel office. Once we receive your form, our Business Manager, Maura Gost, will contact you to finalize the purchase arrangements.

The cost to our Full Household members is \$1,700.00 per plot. For Associate Members it is \$1,900.00 per plot. Payments can be made in two installments without incurring processing fees, or individualized payment plans can be determined.

Please feel free to talk with me or our Business Manager, or to visit the site at the Garden of Remembrance. If visiting the site, please call their office first for an appointment and be sure to let them know you are part of the Am Kolel community.

While we pray that we will not need these plots for a long time it is a wise thing to do now, for peace of mind and peace of pocketbook.

Bivracha,
Sincerely,

Rabbi David Shneyer

Request for Cemetery Property in Am Kolel Pardes at Garden of Remembrance

Name(s) of Prospective Purchaser(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

<u>Space to be purchased for (Name)*</u>	<u>Relationship to Purchaser</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

* Names are tentative and used primarily for clarity in referencing. Spaces can be assigned by the owner at his/her discretion.

Purchase Arrangements

- I will make one payment for the Full Purchase Price (no processing fees)
- I will make two payments. Half at the time of purchase; balance within 12 months (no processing fees)
- I need to make other payment arrangements (processing fees will apply)

Please mail this request form to
Am Kolel
19520 Darnestown Road
Beallsville, MD 20839

When the office receives this form, you will be contacted to finalize purchase arrangements.

For Am Kolel Office Use Only

Am Kolel Membership: Full Household (57 _____) Associate Household (57 _____)

Space(s) On Hold: **Section:** 66 **Row:** _____ **Space(s):** _____

Prep Sales Agreement for:

_____ spaces at \$ _____ each = \$ _____

_____ spaces at \$ _____ each = \$ _____

Purchase Agreement prepared by: _____ **Purchase Agreement Dated:** _____